



"Protecting Virginia's Health in Times of Emergency"

ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.

Aproveche la oportunidad de aprender a ser intérprete y servir su comunidad.



# Virginia Medical Interpreter Training Grants Program



Take advantage of becoming an interpreter and serving your community.

#### What is it?

The Virginia Medical Interpreter Training Grants Program was established to build capacity statewide to deliver linguistically appropriate healthcare services and communicate with limited English proficient (LEP) individuals in the event of a public health emergency. Funds are being made available to **pay for the cost of tuition** to a limited number of bilingual individuals each year who wish to be trained as medical interpreters through an authorized Virginia course provider.







#### Who can do it?

Any bilingual individual who has successfully passed the course pre-requisite language proficiency test is eligible to apply. The test has both an oral and a written component and assesses proficiency in both English and a target (non-English) language. The test requires a time commitment of approximately two hours and there is a fee associated with the test.

#### What does it require?

For the 40 credit hours of tuition paid on their behalf, an applicant must agree to participate in 40 hours of community service (community service hours must be completed within 12 months after course completion) as an interpreter through an <u>authorized Virginia course provider</u> interpreter service program AND/OR <u>an authorized healthcare safety net provider site</u>. Applicants must also be willing to be called on to assist with interpretation in the event of a public health emergency.

For more information about applying and application forms click here.

For more information, please contact:

Fatima Sharif
Virginia Department of Health
Office of Minority Health and Public
Health Policy
(804) 864-7437
Fatima.Sharif@vdh.virginia.gov

Christopher Nye Blue Ridge Area Health Education Center (540) 568.3178 nyecb@CISAT.JMU.EDU Svetlana Shulgan Blue Ridge Area Health Education Center (540) 568.3011 shulgasx@jmu.edu



## Virginia Medical Interpreter Training Grants Program



#### **Authorized Virginia Course Providers**



#### **Blue Ridge Area Health Education Center**

Bonnie Larson-Brogdon Cross Cultural Programs Coordinator, IHHS MSC 9009, James Madison University Harrisonburg, VA 22807

Phone: 540-568-3383 Fax: 540-568-3172 brogdobl@imu.edu

Course(s): Bridging the Gap



#### Northern Virginia Area Health Education Center

Adelya Carlson Director, Training and Outreach 3131-A Mount Vernon Avenue Alexandria, VA 22305

Phone: 703-549-7060 Fax: 703-549-7002 acarlson@nvahec.org

Course(s): Bridging the Gap

Interpreting in Health and Community Settings



#### **Refugee and Immigration Services**

Rosemary Rodriguez
Manager, Interpreter Services/Training
1512 Willow Lawn Drive
Richmond, VA 23230

Phone: 804 355-4559 ext. 16

Fax: 866-202-5021

rrodriguez@richmonddiocese.org

Course(s): Interpreting in Health and Community Settings



#### **Refugee and Immigration Services**

Mayra Creed
Manager, Interpreter Training
1615 Kecoughtan Road
Hampton, VA 23661

Phone: 757-247-3600 ext. 17 mcreed@richmonddiocese.org

Course(s): Interpreting in Health and Community Settings



### Virginia Medical Interpreter Training Grants Program



### **Authorized Virginia Healthcare Safety Net Provider Sites**

| CARE-A-VAN  LECON SCOUSS LECONOCCISS LECON | Bon Secours Care-A-Van <a href="http://www.bonsecours.com/bsrichmond/missionoutreach.asp#Care">http://www.bonsecours.com/bsrichmond/missionoutreach.asp#Care</a>                          |
|--|---|
| St. Mary's Health Wagon  | St. Mary's Health Wagon <a href="http://www.stmaryshealthwagon.com/default.php">http://www.stmaryshealthwagon.com/default.php</a>   |
| VIRGINIA ASSOCIATION   | Virginia Association of Free Clinics Member Sites <a href="http://www.vafreeclinics.org/find-a-free-clinic.asp">http://www.vafreeclinics.org/find-a-free-clinic.asp</a>                   |
| VID HVIRGINIA DEPARTMENT OF HEALTH Protecting You and Your Environment   | Virginia Department of Health Local Health District Sites <a href="http://www.vdh.virginia.gov/LHD/LocalHealthDistricts.asp">http://www.vdh.virginia.gov/LHD/LocalHealthDistricts.asp</a> |
| VIRGINIA PRIMARY CARE<br>ASSOCIATION   | Virginia Primary Care Association Member Sites <a href="http://www.vpca.com/members.cfm">http://www.vpca.com/members.cfm</a>  |



### Virginia Medical Interpreter Training Grants Program



#### How Do I Apply?

STEP 1:

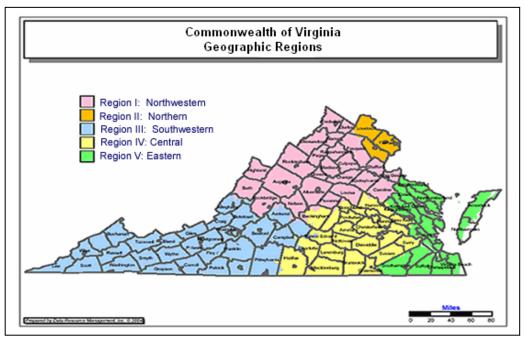
Determine if you are eligible to participate in Virginia Training Grants Program by answering the below questions:

| Eligibility Criteria                                     | Yes | No |
|--|-----|----|
| 1. Are you bilingual?                                    |     |    |
| 2. Have you taken and successfully passed the            |     |    |
| course pre-requisite language proficiency test from      |     |    |
| an <u>authorized Virginia course provider</u> ?          |     |    |
| 3. Are you eligible to work in the United States?        |     |    |
| 4. Are you able to commit to providing 40 hours of       |     |    |
| community service as an interpreter through an           |     |    |
| <u>authorized Virginia course provider</u> interpreter   |     |    |
| service program AND/OR an <u>authorized healthcare</u>   |     |    |
| <u>safety net provider site</u> (community service hours |     |    |
| must be completed within 12 months after course          |     |    |
| completion)?   |     |    |
| 5. Are you willing to be called on to assist with        |     |    |
| interpretation in the event of a public health           |     |    |
| emergency (e.g., floods, hurricanes, epidemics,          |     |    |
| terrorist attacks)?                                      |     |    |

If you answered "YES" to all of the above questions, then you are eligible, so proceed to Step 2!

STEP 2:

Identify the region where you live/work (click here to see the names of cities and counties within each region):



The Virginia Medical Interpreter Training Grants Program is committed to ensuring the availability of trained medical interpreters in all geographic regions of the Commonwealth. Hence, not all applicants can be guaranteed admittance into the program. Applicants will be prioritized based on availability of funds, regional needs, and identified priority languages within a region.

STEP 3: If you are still interested in applying for this program, download, fill out, and submit the following application!

 VIRGINIA MEDICAL INTERPRETER TRAINING GRANTS PROGRAM APPLICATION FORM

If you are selected to participate in the Virginia Medical Interpreter Training Grants Program, you will need to sign a Training Grants Program contract and submit a verification of community service form.

- TRAINING GRANTS PROGRAM CONTRACT
- VERIFICATION OF COMMUNITY SERVICE FORM

For more information, please contact:

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Public Health Policy
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Blue Ridge Area Health Education
Center
(540) 568.3011
shulgasx@jmu.edu



#### VIRGINIA MEDICAL INTERPRETER TRAINING GRANTS PROGRAM



#### APPLICATION FORM

| Sec  | tion 1 - Personal Data           |
|--|----------------------------------|
| Please type or print with ink.   |                                  |
| Applicant Name:  |                                  |
| Address:   |                                  |
| City:  | State: Zip Code:                 |
| Day Phone: ()  | Evening Phone: (                 |
| Mobile Phone: ()   | Fax: ()                          |
| Email Address:   |                                  |
| Social Security Number:  |                                  |
|  |                                  |
| Section  | 2 – Interpreter Education        |
| PROFICIENCY TESTING Proficiency Tested in Which Language(s):   |                                  |
| Name of Course Provider/Organization Who Conducted the Proficiency Test?                                 |                                  |
| Date of Proficiency Testing?   |                                  |
| Result of Proficiency Testing: Passed (circle one)   | Failed                           |
| MEDICAL INTERPRETER TRAINING CO  | URSE FOR THIS GRANT APPLICATION  |
| Name of Interpreter Training Course:   |                                  |
| Name of Course Provider/Organization:  |                                  |
| Date Course Begins:  | Date Course Ends:                |
| Course Fee (the amount you are requesting from   | om the Training Grants Program): |
| COMMUNITY SERVICE REGION (check o  | ne):                             |
| I. Northwestern Virg<br>II. Northern Virginia<br>III. Southwestern Virg<br>Roanoke Area<br>Far Southwest |                                  |
| IV. Central Virginia   |                                  |

|   | Metro Richmond Area  |
|---|--|
|   | Southside Area   |
|   | V. EasternVirginia   |
|   | Hampton Roads/E. Shore   |
|   | Peninsula Area   |
|   | Northern Neck Area   |
|   |  |
|   |  |
|   |  |
|   | Section 3 – Certification  |
| •   | ertify that the information given in this application is accurate and complete to the best   |
| •   | # ************************************   |
| •   | pertify that the information given in this application is accurate and complete to the best elief. I understand that it may be investigated and that any willful false representation is |
| of my knowledge and be<br>sufficient cause for reject | pertify that the information given in this application is accurate and complete to the best elief. I understand that it may be investigated and that any willful false representation is |
| of my knowledge and be                                | pertify that the information given in this application is accurate and complete to the best elief. I understand that it may be investigated and that any willful false representation is |
| of my knowledge and be<br>sufficient cause for reject | pertify that the information given in this application is accurate and complete to the best elief. I understand that it may be investigated and that any willful false representation is |